

## **§ 875.411**

### **§ 875.411 May I continue my coverage when I am no longer a qualified relative?**

If you are already enrolled as a qualified relative, you may continue your FLTCIP coverage if you subsequently lose qualified relative status (such as upon divorce), as long as the Carrier receives the required premium when due.

### **§ 875.412 When will my coverage terminate?**

Your coverage will terminate on the earliest of the following dates:

- (a) The date you specify to the Carrier that you wish your coverage to end;
- (b) The date of your death;
- (c) The end of the period covered by your last premium payment if you do not pay the required premiums when due, after a grace period of 30 days; or
- (d) The date you have exhausted your maximum lifetime benefit. (However, in this event, care coordination services will continue.)

### **§ 875.413 Is it possible to have coverage reinstated?**

(a) Under certain circumstances, your coverage can be reinstated. The Carrier will reinstate your coverage if it receives proof satisfactory to it, within 6 months from the termination date, that you suffered from a cognitive impairment or loss of functional capacity, before the grace period ended, that caused you to miss making premium payments. In that event, you will not be required to submit to underwriting. Your coverage will be reinstated retroactively to the termination date but you must pay back premiums for that period. The premium will be the same as it was prior to termination.

(b) If your coverage has terminated because you did not pay premiums or because you requested cancellation, the Carrier may reinstate your coverage within 12 months from the termination date at your request. You will be required to reapply based on full underwriting, and the Carrier will determine whether you are still insurable. If you are insurable, your coverage will be reinstated retroactively to the termination date and you must pay back premiums for that period. The pre-

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mium will be the same as it was prior to termination.

### **§ 875.414 Will benefits be coordinated with other coverage?**

Yes, benefits will be coordinated with other plans, following the coordination of benefits (COB) guidelines set by the National Association of Insurance Commissioners. The total benefits from all plans that pay a long term care benefit to you should not exceed the actual costs you incur. The other plans that are considered for COB purposes include government programs, group medical benefits, and other employer-sponsored long term care insurance plans. Medicaid, individual insurance policies, and association group insurance policies are not taken into consideration under this provision.

## **PART 880—RETIREMENT AND INSURANCE BENEFITS DURING PERIODS OF UNEXPLAINED ABSENCE**

### **Subpart A—General**

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- 880.101 Purpose and scope.
- 880.102 Regulatory structure.
- 880.103 Definitions.

### **Subpart B—Procedures**

- 880.201 Purpose and scope.
- 880.202 Referral to Associate Director.
- 880.203 Missing annuitant status and suspension of annuity.
- 880.204 Restoration of annuity.
- 880.205 Determinations of death.
- 880.206 Date of death.
- 880.207 Adjustment of accounts after finding of death.

### **Subpart C—Continuation of Benefits**

- 880.301 Purpose.
- 880.302 Payments of CSRS or FERS benefits.
- 880.303 FEHBP coverage.
- 880.304 FEGLI coverage.

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